

# **NE VALLEY COALITION AGAINST METHAMPHETAMINE**

## **Coalition Meeting Summary March 22, 2007**

### **I. Welcome & Opening Remarks**

Stephanie Kreiling, a Steering Committee member, welcomed participants and thanked them for attending. Participants introduced themselves and the organization they represented. Stephanie gave an overview of the coalition and its purpose. The current focus is to create new subcommittees and begin implementation of the Coalition's recently completed strategic plan. The power point presentation and the strategic plan are available on the website.

### **II. Presentation on Emergency Room/Medical Impacts of Meth Use**

Nancy Denke, Trauma Nurse Practitioner, Scottsdale Healthcare Osborn

The Drug Abuse Warning Network (DAWN) reported in the last ten years a 30% increase in drug-related emergency department visits in 21 cities. One and a half million Americans are regular meth users and 12.3 million Americans, 5.2% of the population, have tried meth in their lifetime. In Maricopa County, 38% of all males and 42% of all females booked into the jail tested positive for meth in 2005.

Fifty-six percent of emergency department visits for drug abuse or drug misuse involved use of an illicit drug either alone or in combination with another drug type. Cocaine is the most frequent followed by marijuana. Stimulants including methamphetamine are at about the same level of frequency as heroin when taking into account a margin error.

Scottsdale Osborn gets about 50,000 emergency visits per year including about 300 trauma cases per month. Fifty percent of the trauma cases involve one or more drugs or alcohol. These cases are not just people with lower socioeconomic levels. This includes people with higher incomes. Forty-six percent of the visits related to any illicit drug use were white. Data was missing so determining the relative frequency by race/ethnicity could not be completed.

In the US, 58% of meth-related emergency department (ED) visits were male and 42% were female in 2002. Also, 65% were white, 11% were Latino, and 6% were African-American. Data for Native Americans was not available. In terms of age, 11% of meth-related ED visits were for people under 18, 56% were 18-34, and 33% were over 34.

In Arizona, hospital admissions increased dramatically from 1990 to 2004. In Maricopa County, hospital admissions increased by 855%. Hospitals may need to keep patients in the ICU as much as 10 days longer than is needed for other drugs because of the meth withdrawal process. Sometimes there have been as many as 10 patients being held in the ED because there were no beds for hospital admission.

The meth high lasts for 6-12 hours. The drug penetrates the CNS (brain) more efficiently than other drugs depending on the dose and route of admission. It is twice as potent as regular amphetamine. Meth induces feelings of euphoria, increased alertness, reduced fatigue, intensified emotions, increased aggression and increased libido.

The users often have sores and welts on them that they pick at and become infected. Other symptoms include mood disturbances and delusional sensory experiences such as bugs crawling on them. Sometimes patients must be restrained to be treated. Also, elevated heart rate, respiration, and body temperature, blurred vision, dizziness, rotten teeth, severe weight loss, and dilated pupils are effects of meth use. Often patients have no insurance so the public is paying for the treatment.

When the effect of meth wears off, the user experiences mental and physical exhaustion and deep depression. Long term effects include confusion, anxiety, sleep problems, hallucinations and delusions, methamphetamine psychosis, psychotic behavior, chronic depression, severe weight loss, and brain damage. Meth use can result in permanent brain decay to the hippocampus and limbic areas of the brain impacting memory, emotion and reward functions of the brain.

Meth use results in an increased number of trauma patients because the user is more aggressive and erratic in behavior, there is a higher incidence of intentional injury, psychomotor performance is impaired at high doses and during withdrawal, and there is sleep deprivation and exhaustion. At the Maricopa Medical Center, the number of trauma patients increased from 68 in 2001 to 164 in 2004 and 132 in 2005 (11 months). More trauma cases results in the use of more hospital resources even for minimally injured patients and increased use of ambulances.

Trauma patients may complain of chest pains, palpitations, hypertension, myocardial infarction, difficulty breathing, and pulmonary edema. None of these may be related to trauma, but all related to meth use. This confuses the clinical picture for the medical practitioner. All trauma patients are given drug screens so the practitioner can determine the cause of the symptoms. Even though the practitioner asks about drug use, not all patients voluntarily disclose. HIPA regulations prohibit the hospital from disclosing the results of the drug screen to parents or caretakers.

Treating meth users also impacts the ED staff. Staff is exposed to the harmful chemical effects of the drugs (i.e. meth pipe in the patient's pocket or residue on clothes, etc.). The user's aggressive behavior is often directed at staff through verbal abuse, biting, urinating, or kicking. Also, the cases are emotionally stressful for the staff especially seeing the children who are living in houses where the drug is being cooked or used and adolescents and young adults who are seriously injured or die as a result of meth use.

Education is key especially for young kids. Kids are starting drug and alcohol use as young as ten years old. Nancy's experience with her own daughter is that kids are more influenced or grossed out when they learn what meth is made with than by seeing the before and after pictures of a meth addict. The before and after pictures are too long term for young people to comprehend.

### **III. Results of Coalition Strategic Planning Effort**

Brent Stockwell highlighted the summary of the Coalition's strategic plan included in the handouts. The full plan as it was submitted to the Governor's Office for a Phase II grant is available on the Coalition website. He asked participants to pay special attention to the activities listed in the plan and send comments or additional suggestions by email.

The Coalition will be creating three subcommittees for implementation: one to address the crime prevention goals and activities, one to address the youth goals and activities, and one to address the resource information goals and activities. At the April meeting, members will be asked to select subcommittees they would like to participate on. Staff support has been identified for each group. Subcommittee leaders will also be needed.

### **IV. Coalition Business**

Brent Stockwell announced an Identity Theft Prevention Open House and Shredding Event on March 31<sup>st</sup> at the Granite Reef Senior Center. A handout is available in the packet and on the website.

In April, the coalition celebrates its first birthday. The next coalition meeting will be held on Thursday, April 26, 2007 at Scottsdale Community College. Continental breakfast and networking will begin at 7:30 AM. The meeting will feature a Panel Discussion on Treatment Options for Meth Users and will begin promptly at 8:00 AM. The Steering Committee will meet immediately after the meeting at 9:30 AM.